

**Wake Forest University
Office of University Advancement
Authorization Agreement for Direct Donations
Automated Clearing House (ACH) Debits**

I (we) support Wake Forest University by making the following commitment.

Name(s): _____

(Please print neatly throughout.)

Relationship(s): Alumni Parent Friend Donor

Class Year(s): _____

I (we) authorize Wake Forest University to initiate debit entries to my (our) account at the depository financial institution names below and to debit the same to such account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of United States law.

Depository Name: _____ **Branch:** _____

Checking Account Savings Account

City: _____ **State:** _____ **Zip:** _____

Routing Number: _____

(The first nine digits on the bottom on your bank check.)

Account Number: _____

(The digits following the routing number.)

This authorization is to remain in full force between _____ and _____

The donation structure will be as follows:

- Single donation of \$ _____
- Equal recurring monthly donations of \$ _____

I (we) designate this gift to the following: _____

Wake Forest University requires written notification from me (us) to change and/or terminate the terms of this agreement. (Please sign and make a photocopy for your records.)

Signature(s): _____ **Date:** _____

_____ **Date:** _____

